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## \*BIBDATASHEET\*

CONFIRMATION NO. 4454

Bib Data Sheet

|                                    |                                                                |                     |                               |                                            |
|------------------------------------|----------------------------------------------------------------|---------------------|-------------------------------|--------------------------------------------|
| <b>SERIAL NUMBER</b><br>08/529,767 | <b>FILING OR 371(c) DATE</b><br>09/18/1995<br><b>RULE</b> 1.60 | <b>CLASS</b><br>435 | <b>GROUP ART UNIT</b><br>1637 | <b>ATTORNEY DOCKET NO.</b><br>8142-108-999 |
|------------------------------------|----------------------------------------------------------------|---------------------|-------------------------------|--------------------------------------------|

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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of 08/197,791 02/16/1994 PAT 5,556,772  
 which is a CIP of 08/164,290 12/08/1993 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 12/07/1995

|                                                                                                                                                     |                               |                       |                           |                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no                                                     | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b> | <b>TOTAL CLAIMS</b><br>16 | <b>INDEPENDENT CLAIMS</b><br>1 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                       |                           |                                |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____                                                                              |                               |                       |                           |                                |

**ADDRESS**  
22852

**TITLE**  
POLYMERASE COMPOSITIONS AND USES THEREOF

|                                   |                                                                                                             |                                                                                                                                                                                                                                                                                 |
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| <b>FILING FEE RECEIVED</b><br>365 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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